STATE OF ARIZONA **EMPLOYEE TRAVELCLAIM CONTINUATION**	AGENCY:		PHONE	**BATCH HEADER**			
				AGY (3)	DATE((6)	TYP(1)	NO
	PREPARED BY ACCT:	ENTERED BY:	DATE / /		/ /		

DOC DATE (6) / /	CUR DOC(6)	AGY(3)	SOCIAL SECURITY NO (VENDOR NO) (11) 2 | | | | | | | | | 0	MC (3) 001	EMPLOYEE NAME	DUTY POST

DATE	PLACE DEPARTED FROM	TIME	PLACE ARRIVED AT	TIME	ODOMETER		MILES	MILES X RATE=$	MEALS& INCIDENTAL	LODGING	OTHER EXPENSES	TRANS-PORTATION	TOTAL EXPENSES
					START	END							
				(LESS COMMUTE MILES)				( )	( )				( )

TRAVELERS MUST FAMILIARIZE THEMSELVES WITH THE TERMS AND CONDITIONS OF STATE OF ARIZONA TRAVEL POLICY. LIMITATIONS APPLY AS TO THE TYPE AND AMOUNT OF REIMBURSEMENTS THAT MAY BE CLAIMED.

TOTALS TO BE CARRIED FORWARD>

GAO-503A-EZ (02/00)